STATE OF CALIFORNIA TRANSFER OF EQUIPMENT TITLE SCSA-0010

STATE AND CONSUMER SERVICES AGENCY

MAIL TO: State and Consumer Services Agency 915 Capitol Mall, Suite 200 Sacramento, CA 95814

GRANTEE		GRANT AWARD NUMBER				
SCHOOL NAME						
ADDRESS						
ADDRESS						
CONTACT PERSON	PH	ONE NUMBER	GRANT PERIOD			
			FROM		TO	
I certify that the following no purposes of educating childr named school site.						
ARTICLE OF EQUIPMENT			SERIAL NUMBER			
GRANTEE SIGNATURES	DATE	SCSA APPROVAL SIGNA	TURES	APPROVE	DISAPPROVE	DATE
SCHOOL ADMINISTRATOR		PROGRAM STAFF				
•		•				
GRANTEE		SECRETARY/DESIGNEE				
•		•				